

## MATTERS ARISING

### HSV type specific antibody tests

I welcome the imminent arrival of type specific antibody tests for herpes<sup>1</sup> which will help in the management of certain clinical situations. However, I am not convinced that these tests should be used to screen large sections of the population until a more thorough evaluation of the costs, benefits, and harm that such a programme would generate has been undertaken. There are other pressing needs in sexual health and GU medicine cannot afford to back a poor horse. Given the high prevalence of HSV 2 in STD clinic patients further attention to promoting safer sex in these patients and in the wider population may be more beneficial than costly technological interventions.

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<sup>1</sup> Ashley RL, Corey L. HSV type specific antibody tests: patients are ready, are clinicians? *Genitourin Med* 1997;73:235-6.

### Acceptability of clinics for sexually transmitted diseases among users of the "gay scene" in the West Midlands

We read with interest the article by Hope and MacArthur<sup>1</sup> but feel that the main conclusions reached are not justified by the data as presented.

The authors suggest that the "GU service needs to work to improve its overall acceptability to homosexual and bisexual men". Acceptability appears to have been based on asking homosexual men in the community whether or not they felt that GU clinic staff were friendly, helpful, or anti-"gay". The true proportion of homosexual men who are dissatisfied with the service is impossible to determine from this approach for a number of reasons. Firstly, the size of the sample responding to this part of the questionnaire is not stated and confidence intervals are not calculated. Secondly, it is not clear whether this represents attendances throughout the West Midlands or if those less happy with the service were localised to attendees at one or two clinics. Thirdly, no attempt has been made to determine what aspects of the clinic attendance may have led to the impression of poor acceptability and whether these are amenable to change on the part of the clinic—for example, what aspect of staff behaviour was construed as homophobic? Finally, and possibly most importantly, the recommendation to spend scant resources on one area of clinic activity can only be justified where a comparison has been made with other expenditure priorities, such as other patient groups who may have greater needs, and after identification of precise factors which are actually amenable to change.

The authors also suggest that "clinics need to develop strategies to ensure that they provide a suitable environment for people to talk about sensitive sexual matters". We would suggest that GU medicine clinics throughout the country attempt to provide

precisely such an environment. Again there is a need for the authors to identify the reasons for dissatisfaction before assuming it is the clinic procedures or training which are at fault. The finding that 26% (again the absolute number is not stated) of those questioned had found it difficult to talk about sexual matters appears meaningless—what proportion would the authors consider acceptable and why?

While clinicians should always be receptive to information which permits them to improve their clinical service, this study provides only background information of general interest and does not of itself justify the rather broad recommendations which the authors draw.

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<sup>1</sup> Hope VD, MacArthur C. Acceptability of clinics for sexually transmitted diseases among users of the 'gay scene' in the West Midlands. *Genitourin Med* 1997;73:299-302.

## BOOK REVIEW

**The Hepatitis C Handbook.** By MATTHEW DOLAN. London: Catalyst Press, 1997. (Pp 223; £14.99.) ISBN 0 9529509 0 1.

This book is aimed principally at patients with hepatitis C and their carers. The author found himself to be infected with the hepatitis C virus (HCV) and was shocked by the lack of information available for those affected. He also found many healthcare workers knew little about the disease. This book is also for them.

The scope of the book is broad, arguably too broad, covering the virology, epidemiology, social and personal impact of HCV, its investigation, and treatment. Much space is devoted to alternative treatment options, particularly traditional Chinese medicine, the treatment the author himself chose and is working to promote. He includes the results of his own study of the effectiveness of this treatment, and a plea for more funding. Homeopathy gets only a brief mention, but there is a long section on Western (non-Chinese) herbal medicines. He is dismissive of conventional dietary advice.

The author has other strongly held views. He rails against the government's perceived slow response to the emerging problem of HCV infection, and against the ignorance of many doctors. Patients are variously construed as misunderstood, and there is a desire to link HCV to the ME syndrome, which is not well founded. There is a long list of symptoms and conditions said to be associated with HCV infection, but this is uncritical. With these caveats, the tone of the book is generally measured, with due consideration being given to both the pros and cons of interferon therapy. The book contains a number of references, but many are merely attributions which cannot be checked or used to direct further study; it needs more rigorous subediting, and a number of factual errors corrected.

The book will prove useful for many patients and others affected by HCV infection. Many of my patients have appreciated it. Healthcare workers may be better advised to read a review article in a professional journal. HCV has now been known about for long enough that several newer textbooks contain chapters providing a more authoritative review of this condition.

RICHARD GILSON

## NOTICES

### Xth International Conference on AIDS and STDs in Africa, 7-11 December 1997, Abidjan, Ivory Coast

Further details: Professor A Kadio, Conference Chairman, Programme Nationale de lutte contre le SIDA, les MST et de la Tuberculose, Boite Postale 2113, Abidjan 04, Ivory Coast. Tel +225 24 30 13; Fax +225 24 31 19.

### The Annual Advanced Seminar in Urology Surgery: Strategies in Office-Based Urology—12-13 December 1997, Ritz-Carlton Hotel on Nob Hill, San Francisco, California, USA

Further details: Office of Continuing Medical Education, Room MCB-630, Box 0742, University of California, San Francisco, CA 94143-0742, USA. Tel (415) 476-4251; Fax (415) 476-0318; email: inquire@ocme.ucsf.edu; internet URL: http://cme.ucsf.edu

### 1998 PHLS/BTS/DH National Survey of Tuberculosis in England and Wales

The Public Health Laboratory Service (PHLS) Communicable Disease Surveillance Centre (CDSC) is coordinating the 1998 National Survey of Tuberculosis in England and Wales, in collaboration with the British Thoracic Society and the Department of Health. Unlike previous surveys, patients of all ages diagnosed with tuberculosis between 1 January and 31 December 1998 (inclusive) and notified to the local Consultants in Communicable Disease Control (CCDCs) will be included. In addition, efforts will be made to ascertain other cases of tuberculosis which are diagnosed in the survey period, but not notified. Information about the survey has been sent to all chest physicians, medical microbiologists, regional epidemiologists, CCDCs, and general physicians with an interest in respiratory medicine. However, the Steering Committee would like the survey brought to the attention of all doctors who might diagnose a case of tuberculosis. Further information about the survey can be obtained from the Survey Coordinator, Ms Angela M C Rose, 1998 National Tuberculosis Survey, 61 Colindale Avenue, London NW9 5EQ.

### The Liverpool course for the Diploma in Genitourinary Medicine and Venereology 1998, January to March 1998 (12 weeks)

This is a full time postgraduate course intended for all doctors wishing to gain a theoretical and practical knowledge of genitourinary medicine leading up to the exami-